

Hannibal Regional
Healthcare System

US DEPARTMENT OF LABOR GUIDING YOU TO
BETTER

June 7, 2021

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DFVCP
P.O. Box 6200-35
Portland, OR 97228-6200

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PUBLIC DISCLOSURE

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, DC 20210

2520212090018

Re: **Hannibal Regional Healthcare System, Inc. 457(b) Deferred Compensation Plan**

Dear Sir/Madam:

In accordance with the Delinquent Filer Voluntary Compliance Program and 29 CFR 2520.104-23, on behalf of the Hannibal Regional Healthcare System, Inc. ("Employer"), and pursuant to the original establishment of the Hannibal Regional Healthcare System, Inc. 457 (b) Deferred Compensation Plan ("Plan"), we hereby provide you with the information set forth below:

Name and Address of Company:

Hannibal Regional Healthcare System, Inc.
6500 Hospital Drive
Hannibal, MO 63401

Employer's Taxpayer Identification Number:

43-0662495

Required Declaration:

The Employer sponsors the Plan, which has the effect of deferring compensation for a select group of management or highly compensated employees. Benefits are paid out of the general assets of the Employer. Currently, the Employer maintains two (2) nonqualified plans. There are sixty-six (66) employees eligible to participate in this Plan. This Plan currently has twenty-three (23) employees actively participating in the Plan. This Plan's original effective date is January 1, 2002, amended and restated January 1, 2019.

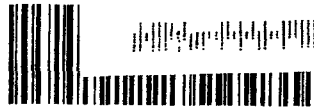
If you have any questions about this matter, please contact the undersigned.

Sincerely,

Susan R. Wathen, MHRM, SPHR, SHRM-SCP
Vice President, Human Resources

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

CERTIFIED MAIL



7019 0700 0000 7516 5413



2600 Kelly Rd
Suite 210
Warrington, Pa 18976

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at DOJ Building